

Printed 05/10/1999

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOC
09/212,270	12/16/1998	536	1646	02441.7733

APPLICANT  
CATHERINE TRIBOULEY, SAN FRANCISCO, CALIFORNIA; DAVID POT,  
SAN FRANCISCO, CALIFORNIA; ALTAF KASSAM, OAKLAND, CALIFORNIA; GEORGE  
LAMSON, MORAGA, CALIFORNIA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED PROVISIONAL APPLICATION 60/068,959 12/30/1997  
ETA

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED  
ETA

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED  
ETA

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> yes <input type="radio"/> no <input type="radio"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	<u>Chen O'Hara</u> <u>ET</u> Examiner's Name Initials	CA	5	16	11

ADDRESS  
CHIRON CORPORATION  
INTELLECTUAL PROPERTY R440  
P O BOX 8097  
EMERYVILLE , CA 94662-8097

TITLE  
MEMBERS OF TNF AND TNFR FAMILIES

FILING FEE RECEIVED  \$*1514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of Time) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
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SERIAL NUMBER 09/212,270	FILING DATE 12/16/98	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 02441.77733
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APPLICANT  
CATHERINE TRIBOULEY, SAN FRANCISCO, CA; DAVID POT, SAN FRANCISCO, CA;  
ALTAF KASSAM, OAKLAND, CA; GEORGE LAMSON, MORAGA, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED PROVISIONAL APPLICATION NO. 60/068,959 12/30/97

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/21/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 11
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS CHIRON CORPORATION INTELLECTUAL PROPERTY R440 <del>4560 HORTON STREET</del> P O BOX 8097 EMERYVILLE CA <del>94608-8730</del> 94662-8097
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TITLE MEMBERS OF TNF AND TNFR FAMILIES
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FILING FEE RECEIVED \$1,514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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